



QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2016  
OF THE CONDITION AND AFFAIRS OF THE

Blue Cross Complete of Michigan LLC

NAIC Group Code	00572	00572	NAIC Company Code	11557	Employer's ID Number	47-2582248
	(Current Period)	(Prior Period)				
Organized under the Laws of	Michigan			State of Domicile or Port of Entry	Michigan	
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health [ ]		Property/Casualty [ ]		Hospital, Medical & Dental Service or Indemnity [ ]	
	Dental Service Corporation [ ]		Vision Service Corporation [ ]		Health Maintenance Organization [ X ]	
	Other [ ]				Is HMO Federally Qualified? Yes [ ] No [ X ]	
Incorporated/Organized	12/18/2014		Commenced Business		01/01/2003	
Statutory Home Office	100 Galleria Officentre, Suite 210			Southfield, MI, US 48034		
	(Street and Number)			(City or Town, State, Country and Zip Code)		
Main Administrative Office	200 Stevens Drive		Philadelphia, PA, US 19113		215-937-8000	
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Mail Address	100 Galleria Officentre, Suite 210		Southfield, MI, US 48034			
	(Street and Number or P.O. Box)		(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	200 Stevens Drive		Philadelphia, PA, US 19113		215-937-8000	
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Internet Web Site Address	MiBlueCrossComplete.com					
Statutory Statement Contact	Trisha Rena Lockard			717-671-6523		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	tlockard@amerihealthcaritas.com			215-937-5349		
	(E-Mail Address)			(FAX Number)		

OFFICERS

Name	Title	Name	Title
Steven Harvey Bohner	Treasurer	Robert Edward Tootle, Esquire #	Secretary
James Michael Jernigan	President		

OTHER OFFICERS

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DIRECTORS OR TRUSTEES

Eileen Mary Coggins	James Michael Jernigan	Mark Robert Bartlett	Lynda Marie Rossi
Joseph Charles Swartz #	Ada Nicole Smith #		

State of .....Pennsylvania.....

County of .....Philadelphia..... ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Steven Harvey Bohner Treasurer	Robert Edward Tootle, Esquire Secretary	James Michael Jernigan President
Subscribed and sworn to before me this _____ day of _____ November, 2016		a. Is this an original filing? Yes [ X ] No [ ]
		b. If no:
		1. State the amendment number _____
		2. Date filed _____
		3. Number of pages attached _____

ASSETS

	Current Statement Date			4  December 31 Prior Year Net Admitted Assets
	1  Assets	2  Nonadmitted Assets	3  Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....			0	0
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ .....135,245,406 ), cash equivalents (\$ .....0 ) and short-term investments (\$ .....3,002,112 ) .....	138,247,518		138,247,518	109,152,843
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....	0		0	0
8. Other invested assets .....	0		0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	138,247,518	0	138,247,518	109,152,843
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....			0	0
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	4,750,509		4,750,509	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
18.2 Net deferred tax asset .....	1,937,595	788,375	1,149,220	2,867,045
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....			0	0
24. Health care (\$ .....1,893,734 ) and other amounts receivable .....	3,454,881	1,561,147	1,893,734	3,431,683
25. Aggregate write-ins for other-than-invested assets .....	2,905,441	2,905,441	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	151,295,944	5,254,963	146,040,981	115,451,571
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	151,295,944	5,254,963	146,040,981	115,451,571
DETAILS OF WRITE-INS				
1101. ....			0	0
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0
2501. Prepaid Expenses .....	186,691	186,691	0	0
2502. Intangible Asset .....	2,718,750	2,718,750	0	0
2503. ....			0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	2,905,441	2,905,441	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded).....	48,891,846		48,891,846	33,705,271
2. Accrued medical incentive pool and bonus amounts .....	3,466,615		3,466,615	1,700,001
3. Unpaid claims adjustment expenses .....	775,161		775,161	623,754
4. Aggregate health policy reserves including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act .....			0	0
5. Aggregate life policy reserves .....			0	0
6. Property/casualty unearned premium reserve .....			0	0
7. Aggregate health claim reserves .....			0	0
8. Premiums received in advance .....			0	0
9. General expenses due or accrued .....	1,903,352		1,903,352	8,979,683
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized gains (losses)) .....	1,019,000		1,019,000	0
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable .....			0	0
12. Amounts withheld or retained for the account of others .....	34,735,524		34,735,524	21,558,308
13. Remittances and items not allocated .....			0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....	4,748,924		4,748,924	8,450,634
16. Derivatives .....		0	0	0
17. Payable for securities .....			0	0
18. Payable for securities lending .....			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers) .....			0	0
20. Reinsurance in unauthorized and certified (\$ ..... ) companies .....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
22. Liability for amounts held under uninsured plans .....			0	0
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	6,392,958	0	6,392,958	2,578,051
24. Total liabilities (Lines 1 to 23).....	101,933,380	0	101,933,380	77,595,702
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	4,080,480
26. Common capital stock .....	XXX	XXX		0
27. Preferred capital stock .....	XXX	XXX		0
28. Gross paid in and contributed surplus .....	XXX	XXX	44,000,001	44,000,001
29. Surplus notes .....	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	107,600	(10,224,612)
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... ) .....	XXX	XXX		0
32.2 ..... shares preferred (value included in Line 27 \$ ..... ) .....	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	44,107,601	37,855,869
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	146,040,981	115,451,571
DETAILS OF WRITE-INS				
2301. Stale Dated Checks.....	904,036		904,036	339,871
2302. Premium Assessment.....	3,063,569		3,063,569	1,116,662
2303. Health Insurance Claim Assessment.....	2,425,353		2,425,353	1,121,518
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	6,392,958	0	6,392,958	2,578,051
2501. Subsequent Year Affordable Care Act Assessment.....	XXX	XXX		4,080,480
2502. ....	XXX	XXX		0
2503. ....	XXX	XXX		0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	4,080,480
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	1,270,717	771,213	1,036,110
2. Net premium income (including \$ non-health premium income).....	XXX	515,550,171	306,348,505	418,451,930
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		0	0
4. Fee-for-service (net of \$ medical expenses) .....	XXX		0	0
5. Risk revenue .....	XXX		0	0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	515,550,171	306,348,505	418,451,930
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		204,645,830	151,044,795	186,233,362
10. Other professional services .....		19,759,100	10,283,722	16,400,326
11. Outside referrals .....			0	0
12. Emergency room and out-of-area .....		22,346,998	12,967,457	17,002,722
13. Prescription drugs .....		58,668,397	30,643,687	41,357,394
14. Aggregate write-ins for other hospital and medical.....	0	120,724,768	62,806,096	93,935,796
15. Incentive pool, withhold adjustments and bonus amounts.....		2,279,203	1,139,512	2,464,660
16. Subtotal (Lines 9 to 15) .....	0	428,424,296	268,885,269	357,394,260
<b>Less:</b>				
17. Net reinsurance recoveries .....		282,060	2,653,804	(1,345,592)
18. Total hospital and medical (Lines 16 minus 17) .....	0	428,142,236	266,231,465	358,739,852
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ 6,162,260 cost containment expenses.....		13,995,742	8,500,833	11,809,096
21. General administrative expenses.....		62,393,991	34,558,596	53,119,268
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....			(3,610,000)	(3,610,000)
23. Total underwriting deductions (Lines 18 through 22) .....	0	504,531,969	305,680,894	420,058,216
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	11,018,202	667,611	(1,606,286)
25. Net investment income earned .....		71,419	195,673	196,020
26. Net realized capital gains (losses) less capital gains tax of \$ .....			251,685	251,685
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	71,419	447,358	447,705
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ) (amount charged off \$ )] .....			0	0
29. Aggregate write-ins for other income or expenses .....	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	11,089,621	1,114,969	(1,158,581)
31. Federal and foreign income taxes incurred .....	XXX	3,779,000	0	0
32. Net income (loss) (Lines 30 minus 31) .....	XXX	7,310,621	1,114,969	(1,158,581)
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX		0	0
0602. ....	XXX			
0603. ....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX	0	0	0
0701. ....	XXX			
0702. ....	XXX			
0703. ....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX	0	0	0
1401. Durable Medical Equipment.....		422,187	83,619	176,690
1402. Alternative Medical Cost.....		724,007	0	121,481
1403. Provider Passthrough Programs.....		119,332,812	62,722,477	93,291,162
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	245,762	0	346,463
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	0	120,724,768	62,806,096	93,935,796
2901. ....				
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	37,855,869	30,690,527	30,690,527
34. Net income or (loss) from Line 32 .....	7,310,621	1,114,969	(1,158,581)
35. Change in valuation basis of aggregate policy and claim reserves .....		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....		61,628	61,628
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0	0
38. Change in net deferred income tax .....	(1,745,450)	2,273,376	3,683,045
39. Change in nonadmitted assets .....	686,561	(2,174,246)	(5,206,281)
40. Change in unauthorized and certified reinsurance .....	0	0	0
41. Change in treasury stock .....		0	0
42. Change in surplus notes .....	0	(30,000,000)	(30,000,000)
43. Cumulative effect of changes in accounting principles .....		0	0
44. Capital Changes:			
44.1 Paid in .....		0	0
44.2 Transferred from surplus (Stock Dividend) .....		0	0
44.3 Transferred to surplus .....		0	0
45. Surplus adjustments:			
45.1 Paid in .....		21,750,000	21,750,001
45.2 Transferred to capital (Stock Dividend) .....	0	0	0
45.3 Transferred from capital .....		22,250,000	22,250,000
46. Dividends to stockholders .....		0	0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	(4,892,170)	(4,214,470)
48. Net change in capital and surplus (Lines 34 to 47) .....	6,251,732	10,383,557	7,165,342
49. Capital and surplus end of reporting period (Line 33 plus 48)	44,107,601	41,074,084	37,855,869
<b>DETAILS OF WRITE-INS</b>			
4701. Merger consideration (Note 3 (b)).....		(4,892,170)	(4,214,470)
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	(4,892,170)	(4,214,470)

CASH FLOW

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	510,799,662	302,844,236	418,214,772
2. Net investment income .....	71,419	761,573	761,921
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	510,871,081	303,605,809	418,976,693
5. Benefit and loss related payments .....	409,880,108	260,150,822	348,520,166
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	87,016,367	38,145,637	59,335,081
8. Dividends paid to policyholders .....		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses).....	2,760,000	0	0
10. Total (Lines 5 through 9) .....	499,656,475	298,296,459	407,855,247
11. Net cash from operations (Line 4 minus Line 10) .....	11,214,606	5,309,350	11,121,446
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	0	24,640,917	24,640,917
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	799,678	799,678
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	983	981
12.7 Miscellaneous proceeds .....	0	0	1
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	0	25,441,578	25,441,577
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	0	0	0
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	523,074	523,074
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	523,074	523,074
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	0	24,918,504	24,918,503
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	(30,000,000)	(30,000,000)
16.2 Capital and paid in surplus, less treasury stock.....	0	44,000,000	44,000,001
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....		0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied).....	17,880,069	1,985,194	3,762,899
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	17,880,069	15,985,194	17,762,900
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	29,094,675	46,213,048	53,802,849
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	109,152,843	55,349,994	55,349,994
19.2 End of period (Line 18 plus Line 19.1) .....	138,247,518	101,563,042	109,152,843

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE Blue Cross Complete of Michigan LLC

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	88,533	.0	.0	.0	.0	.0	.0	.0	88,533	.0
2. First Quarter .....	132,237	.0	.0	.0	.0	.0	.0	.0	132,237	.0
3. Second Quarter .....	148,514	.0	.0	.0	.0	.0	.0	.0	148,514	.0
4. Third Quarter .....	162,458								162,458	
5. Current Year	0									
6. Current Year Member Months	1,270,717								1,270,717	
Total Member Ambulatory Encounters for Period:										
7. Physician .....	826,099								826,099	
8. Non-Physician .....	138,143								138,143	
9. Total	964,242	0	0	0	0	0	0	0	964,242	0
10. Hospital Patient Days Incurred	61,667								61,667	
11. Number of Inpatient Admissions	12,056								12,056	
12. Health Premiums Written (a).....	516,541,539								516,541,539	
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written .....	.0									
15. Health Premiums Earned .....	516,541,539								516,541,539	
16. Property/Casualty Premiums Earned .....	.0									
17. Amount Paid for Provision of Health Care Services .....	411,471,107								411,471,107	
18. Amount Incurred for Provision of Health Care Services	428,424,296								428,424,296	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE Blue Cross Complete of Michigan LLC

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims unpaid (Reported)						
REGENTS OF THE UNIVERSITY OF MICHIGAN.....	2,686,596	6,577				2,693,173
EDWARD W SPARROW HOSPITAL ASSOC.....	865,716	128,205				993,921
OAKWOOD HEALTHCARE INC.....	945,710	23,022				968,732
ST JOHN HOSPITAL AND MEDICAL CENTER.....	718,083					718,083
WILLIAM BEAUMONT HOSPITAL.....	592,492	20,065				612,557
ST JOSEPH MERCY HOSPITAL.....	587,171					587,171
VHS HARPER-HUTZEL HOSPITAL INC.....	538,155	1,295				539,450
VHS SINAI-GRACE HOSPITAL INC.....	525,097	12,562				537,659
PROVIDENCE HOSPITAL AMD MEDICAL CENTERS.....	515,484					515,484
HENRY FORD HEALTH SYSTEM.....	493,973					493,973
BOTSFORD GENERAL HOSPITAL.....	374,742	46,398				421,140
JOINT VENTURE HOSPITAL LABS.....	379,828					379,828
5721267.....	356,835					356,835
VHS CHILDRENS HOSPITAL OF MICHIGAN.....	339,813					339,813
VHS DETROIT RECEIVING HOSPITAL INC.....	250,044					250,044
IHA HEALTH SERVICES CORP.....	224,845					224,845
NORTHWOOD INC.....	210,084					210,084
HURLEY RADIOLOGY GROUP.....	186,952	4,468				191,420
ALLEGIANCE HEALTH.....	70,107	108,059				178,166
UNIVERSITY PHYSICIAN GROUP.....	168,415					168,415
ST JOHN MACOMB OAKLAND HOSPITAL.....	151,647					151,647
BARBARA ANN KARMANOS CANCER HOSPITAL.....	101,347	50,251				151,598
ST MARY MERCY HOSPITAL.....	130,636					130,636
MERCY HEALTH PARTNERS.....	128,279					128,279
GENESYS REGIONAL MEDICAL CENTER.....	119,512					119,512
SPECTRUM HEALTH HOSPITALS.....	118,493					118,493
HENRY FORD MACOMB HOSPITAL CORPORATION.....	104,798					104,798
COMPLETE INFUSION SERVICES LLC.....	59,954	40,423				100,377
VHS PHYSICIANS OF MICHIGAN.....	95,982					95,982
2369797.....	93,375					93,375
HENRY FORD WYANDOTTE HOSPITAL.....	88,723					88,723
MICHIGAN STATE UNIVERSITY.....	83,620	74				83,694
PRIME HEALTHCARE SERVICES.....	82,702					82,702
INGHAM REGIONAL MEDICAL CENTER.....	81,812					81,812
OAKWOOD AMBULATORY LLC.....	81,451					81,451
MICHIGAN HEALTHCARE PROFESSIONALS PC.....	81,009					81,009
SAINT MARYS HEALTH CARE.....	74,937					74,937
THE PAIN CENTER USA PLLC.....	68,447					68,447
VHS REHABILITATION INSTITUTE OF MICHIGAN.....	64,372					64,372
UNIVERSITY PEDIATRICIANS.....	58,423					58,423
EMERGENCY PROFESSIONALS OF MICHIGAN PC.....	52,669					52,669
LANSING URGENT CARE PLC.....	50,838					50,838
ST JOSEPH MERCY HOSPITAL SMHC.....	50,423					50,423
CHELSEA COMMUNITY HOSPITAL.....	46,501					46,501
MOLINA MEDICAL GROUP OF MICHIGAN PC.....	46,231					46,231
EPMG OF MICHIGAN PC.....	45,713					45,713
2368163.....	45,382					45,382
ST JOHN HOME CARE.....	45,334					45,334
ST CLOUD HOSPITAL.....	43,874					43,874
J & B MEDICAL SUPPLY CO INC.....	43,862					43,862
MEDICAL CENTER EMERGENCY SERVICES PC.....	41,042					41,042
EMERGENCY DEPARTMENT PHYSICIANS PC.....	39,913					39,913
SAINT JOSEPH MERCY LIVINGSTON HOSPITAL.....	39,581					39,581
BIO-MEDICAL APPLICATIONS OF MICHIGAN INC.....	36,673	1,889				38,562
2332283.....	37,164					37,164



STATEMENT AS OF SEPTEMBER 30, 2016 OF THE Blue Cross Complete of Michigan LLC

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
VHS HURON VALLEY-SINAI HOSPITAL INC.....	35,963					35,963
DR L REYNOLDS ASSOC PC.....	35,675					35,675
CITY OF DETROIT.....	35,264					35,264
3982902.....	35,163					35,163
CARIS MPI INC.....	35,116					35,116
MCLAREN REGIONAL MEDICAL CENTER.....	33,842					33,842
HURON VALLEY AMBULANCE INC.....	33,031					33,031
MEMORIAL HOSPITAL.....	32,590					32,590
2376223.....	32,257					32,257
2373025.....	31,896					31,896
2006890.....	30,997					30,997
DVA HEALTHCARE RENAL CARE INC.....	30,817					30,817
LAKE HURON MEDICAL CENTER.....	30,626					30,626
MERCY MEMORIAL HOSPITAL CORPORATION.....	30,286					30,286
METROPOLITAN HOSPITAL.....	29,336					29,336
SCC1 HOSPITAL.....	28,314					28,314
CRITTENTON HOSPITAL MEDICAL CENTER.....	27,791					27,791
TRINITY HOME HEALTH SERVICES.....	27,348					27,348
PACKARD COMMUNITY CLINIC INC.....	26,772					26,772
EMERGENCY MEDICAL ASSOCIATES PC.....	25,097					25,097
OAKWOOD HEALTHCARE GROUP I LLC.....	25,004					25,004
NORTHSTAR ANESTHESIA OF MICHIGAN PLLC.....	24,220					24,220
INGHAM COUNTY HEALTH DEPARTMENT.....	24,132					24,132
GENESYS INTEGRATED GROUP PRACTICE PC.....	23,752					23,752
PLANNED PARENTHOOD OF MID MICHIGAN.....	22,664					22,664
INDEPENDENT EMERGENCY PHYSICIANS PC.....	22,435					22,435
MICHIGAN CANCER SPECIALISTS PLC.....	22,166					22,166
TEAM WELLNESS CENTER DBA TEAM MENTAL HEA.....	22,144					22,144
PORT HURON HOSPITAL.....	20,374					20,374
METRO INFECTIOUS DISEASE CONSULTANTS LLC.....	20,266					20,266
MT CLEMENS REGIONAL MEDICAL CENTER.....	19,715					19,715
HEARTLAND OF ANN ARBOR MI, LLC.....	19,380					19,380
PMHC CANCER CENTER.....	18,622					18,622
HAYES GREEN BEACH MEMORIAL HOSPITAL.....	18,251					18,251
SEQUENOM CENTER FOR MOLECULAR MEDICINE.....	16,875					16,875
SVS VISION INC.....	16,765					16,765
PARK FAMILY HEALTH CARE PC.....	16,505					16,505
ONCOLOGY CLINICS INC.....	16,414					16,414
ANESTHESIA ASSOCIATES OF A A PC.....	16,335					16,335
INPATIENT CONSULTANTS OF MICHIGAN.....	16,296					16,296
CITY OF LANSING AMB.....	16,011					16,011
NORTHWEST DETROIT DIALYSIS CENTER.....	15,999					15,999
P COR LLC.....	15,895					15,895
EASTWOOD COMMUNITY CLINICS.....	15,764					15,764
FARMINGTON EMERGENCY MEDICINE ASSOCIATES.....	15,733					15,733
ADVANTAGE HEALTH - SAINT MARYS MEDICAL G.....	15,248					15,248
2379635.....	15,032					15,032
HEARTLAND OF CANTON MI, LLC.....	14,960					14,960
RENAL TREATMENT CENTERS-ILLINOIS INC.....	14,850					14,850
HEART & VASCULAR INSTITUTE PLLC.....	14,105					14,105
2348046.....	14,050					14,050
HURON VALLEY RADIOLOGY PC.....	14,013					14,013
2370904.....	13,988					13,988
2377578.....	13,936					13,936
ACADEMIC INTERNAL MEDICINE SPECIALIST PL.....	13,933					13,933
DRS HARRIS BIRKHILL WANG SONGE ASSOC.....	13,802					13,802

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE Blue Cross Complete of Michigan LLC

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
EPMG DOWNRIVER PLLC.....	13,699					13,699
GREAT LAKES SURGICAL CENTER LLC.....	13,561					13,561
ST MARY MERCY PHYSICIAN PRACTICES.....	13,169					13,169
MEDICAL ASSOCIATES PC.....	12,960					12,960
AXELACARE HEALTH SOLUTIONS LLC.....	12,835					12,835
DETROIT HLTH FOR THE HOMELESS-ADVANTAGE.....	12,825					12,825
HEARTLAND OF ALLEN PARK MI, LLC.....	12,285					12,285
EXCLUSIVE PHYSICIANS LLC.....	11,769					11,769
INFINITY PRIMARY CARE LLC.....	11,685					11,685
ADVANCED PULMONARY AND SLEEP ASSOC.....	11,654					11,654
WEST OAKS SENIOR CARE AND REHAB.....	11,649					11,649
EASTPOINTE RADIOLOGIST PC.....	11,527					11,527
2358035.....	11,463					11,463
2363872.....	11,384					11,384
HOLLAND COMMUNITY HOSPITAL.....	11,287					11,287
2376057.....	11,141					11,141
LANSING RADIOLOGY ASSOCIATES PC.....	11,012					11,012
DUGGAL & GEORGE MD PC.....	10,837					10,837
BEAUMONT MEDICAL TRANSPORTATION.....	10,807					10,807
1720677.....	10,637					10,637
HEARTLAND-UNIVERSITY OF LIVONIA MI, LLC.....	10,540					10,540
MICHIGAN REHABILITATION SPECIALISTS OF F.....	10,521					10,521
LITTLE ROCK BAPTIST CHRISTIAN CARE INC.....	10,470					10,470
EHK ENDOVASCULAR PLLC.....	10,258	183				10,441
BROOKS LYON BROOKS DO PC.....	10,126					10,126
0199999 Individually listed claims unpaid.....	15,122,777	443,471	0	0	0	15,566,248
0299999 Aggregate accounts not individually listed-uncovered.....						0
0399999 Aggregate accounts not individually listed-covered.....	3,891,433	553				3,891,986
0499999 Subtotals.....	19,014,210	444,024	0	0	0	19,458,234
0599999 Unreported claims and other claim reserves.....	XXX	XXX	XXX	XXX	XXX	29,433,612
0699999 Total amounts withheld.....	XXX	XXX	XXX	XXX	XXX	
0799999 Total claims unpaid.....	XXX	XXX	XXX	XXX	XXX	48,891,846
0899999 Accrued medical incentive pool and bonus amounts.....	XXX	XXX	XXX	XXX	XXX	3,466,615

UNDERWRITING AND INVESTMENT EXHIBIT  
ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5  Claims Incurred in Prior Years (Columns 1 + 3)	6  Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1  On Claims Incurred Prior to January 1 of Current Year	2  On Claims Incurred During the Year	3  On Claims Unpaid Dec. 31 of Prior Year	4  On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....					0	0
2. Medicare Supplement .....					0	0
3. Dental only .....					0	0
4. Vision only .....					0	0
5. Federal Employees Health Benefits Plan .....					0	0
6. Title XVIII - Medicare .....					0	0
7. Title XIX - Medicaid .....	27,911,403	386,219,936	569,696	48,322,150	28,481,099	33,705,271
8. Other health .....					0	0
9. Health subtotal (Lines 1 to 8).....	27,911,403	386,219,936	569,696	48,322,150	28,481,099	33,705,271
10. Health care receivables (a) .....	23,769	3,431,112			23,769	0
11. Other non-health .....					0	0
12. Medical incentive pools and bonus amounts .....	512,589			3,466,615	512,589	1,700,001
13. Totals (Lines 9-10+11+12)	28,400,223	382,788,824	569,696	51,788,765	28,969,919	35,405,272

(a) Excludes \$ ..... loans or advances to providers not yet expensed.

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE BLUE CROSS COMPLETE OF MICHIGAN LLC

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of Blue Cross Complete of Michigan LLC (the Company) are presented on the basis of accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services (DIFS).

The Michigan DIFS recognizes only statutory accounting practices prescribed or permitted by the State of Michigan for determining and reporting the financial condition and results of operations of an insurance company, and for determining its solvency under Michigan Insurance Law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Michigan. The State has adopted prescribed or permitted accounting practices that differ from those found in NAIC SAP (see specific practices below). Currently, "prescribed" statutory accounting practices are interspersed throughout the state insurance laws and regulations, NAIC SAP, and a variety of other NAIC publications. "Permitted" statutory accounting practices encompass all accounting practices that are not prescribed but are permitted by the domicile state department of insurance; such practices may differ from state to state, may differ from company to company within a state, and may change in the future.

- Loans or advances to hospitals or other providers are not permitted. The NAIC SAP permits loans and advances to a non-related party provider or hospitals to be admitted up to the amount of claims incurred and payable. Loans or advances to hospital have additional criteria required that must be met for admittance.
- Maternity care receivables due from the Michigan Department of Community Health (MDCH) are reported as health care receivables on the statutory statement of admitted assets.

A reconciliation of the Company's net income (loss) and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Michigan is shown below:

	<u>State of Domicile</u>	<u>2016</u>	<u>2015</u>
<u>NET INCOME</u>			
(1) Blue Cross Complete of Michigan LLC state basis (Page 4, Line 32, Columns 2 & 3)	MICHIGAN	\$ ..... 7,310,621	\$ ..... (1,158,581)
(2) State Prescribed Practices that increase/(decrease) NAIC SAP		\$ ..... 0	\$ ..... 0
(3) State Permitted Practices that increase/(decrease) NAIC SAP		\$ ..... 0	\$ ..... 0
(4) NAIC SAP (1-2-3=4)	MICHIGAN	<u>\$ ..... 7,310,621</u>	<u>\$ ..... (1,158,581)</u>
<u>SURPLUS</u>			
(5) Blue Cross Complete of Michigan LLC state basis (Page 3, Line 33, Columns 3 & 4)	MICHIGAN	\$ ..... 44,107,601	\$ ..... 37,855,869
(6) State Prescribed Practices that increase/(decrease) NAIC SAP		\$ ..... 0	\$ ..... 0
(7) State Permitted Practices that increase/(decrease) NAIC SAP		\$ ..... 0	\$ ..... 0
(8) NAIC SAP (5-6-7=8)	MICHIGAN	<u>\$ ..... 44,107,601</u>	<u>\$ ..... 37,855,869</u>

B. Use of Estimates in the Preparation of the Financial Statements - No significant changes since December 31, 2015.

C. Accounting Policy

The Company uses the following accounting policies:

- Short-term investments - No significant changes since December 31, 2015.
- Bonds – None
- Common Stocks – None
- Preferred Stock – None
- Mortgage Loans – None
- Loan-backed securities – None
- Investments in subsidiaries, controlled and affiliated (SCA) entities – None
- Investments in joint ventures, partnerships and limited liability companies – None
- Derivatives – None
- The Company utilized anticipated investment income as a factor in the premium deficiency calculation - None
- Accrued Medical Expense/Unpaid Claim Adjustment Expense – No significant changes since December 31, 2015.
- Fixed asset capitalization policy modifications – None
- Pharmaceutical Rebates – No significant changes since December 31, 2015.

D. Going Concern – None

2. Accounting Changes and Corrections of Errors

Material changes in accounting principle and/or correction of errors – None

3. Business Combinations and Goodwill

A. Statutory Purchase Method – None

B. Statutory Merger

- On June 1, 2015, Blue Cross Complete of Michigan (BCC), an indirect wholly owned subsidiary of Blue Cross Blue Shield of Michigan (BCBSM), was merged into Complete Health, LLC. (Complete Health). The complete existence of BCC ceased as of such merger date. On June 1, 2015, Complete Health was rebranded to Blue Cross Complete of Michigan LLC (the Company). The merger consideration paid during 2015 of \$4,892,170 was based on the net book value of BCC as of the transaction date June 1, 2015. Such net book value was subject to adjustment through June 1, 2016, subsequent to which a final consideration settlement in the amount of \$190,287 was made to the Company by Blue Care Network of Michigan, Inc. (BCN), a wholly owned subsidiary of BCBSM.
- Method of accounting – None
- Shares of stock issued in the transaction - None
- Details of results of operations - None
- Adjustments recorded directly to surplus - None

C. Assumption Reinsurance – None

D. Impairment Loss recognized on Business Combinations and Goodwill – None

4. Discontinued Operations

- Segment of business that has been or will be discontinued – None
- Expected disposal date, if known – None
- Manner of disposal – None
- Description of remaining assets and liabilities of the segment at the balance sheet date – None
- Amounts related to the discontinued operations and the effect on the Company's Balance Sheet and Statement of Revenue and Expenses – None

5. Investments

- Mortgage Loans, including Mezzanine Real Estate Loans – None
- Debt Restructuring – None
- Reverse Mortgages – None
- Loan-Backed Securities
  - Prepayment assumptions – None
  - Recognized Other-than-Temporary Impairment – None
  - Present Value of Cash Flows – None
  - All impaired securities (fair value is less than cost or amortized cost) for which an other than temporary impairment has not been recognized – None
- Repurchase Agreements and/or Securities Lending Transactions – None
- Real Estate – None
- Investments in low-income housing tax credits (LIHTC) – None

H. Restricted Assets

- Restricted Assets (Including Pledged) - No significant changes since December 31, 2015.
  - Detail of Assets Pledged as Collateral Not Captured in Other Categories – None
  - Detail of Other Restricted Assets – None
- Working Capital Finance Investments – None
- Offsetting and Netting of Assets and Liabilities – None
- Structured Notes – None

6. Joint Ventures, Partnerships and Limited Liability Companies

- Investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of admitted assets – None
- Impaired investments in Joint Ventures, Partnerships and Limited Liability Companies – None

7. Investment Income

- Due and accrued income is excluded from surplus on the following bases - No significant changes since December 31, 2015.
- Total amount excluded - No significant changes since December 31, 2015.

8. Derivative Instruments

- Market risk, credit risk and cash requirements of the derivative instruments – None
- Objective for using derivative instruments – None
- Accounting policies for recognizing and measuring derivatives instruments used – None
- Component of gain or loss recognized excluded from hedge effectiveness assessment – None
- Net gain or loss recognized for derivatives no longer qualifying for hedge accounting – None
- Derivative instruments accounted for as cash flow hedges – None

9. Income Taxes - No significant changes since December 31, 2015.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

- A.,B., Material related party transactions – None
- C.
- D. Amounts due from or to related parties as of September 30, 2016 – No significant changes since December 31, 2015.
- E. Parental guarantees – None

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE BLUE CROSS COMPLETE OF MICHIGAN LLC

- F.

Material management or service arrangements - No significant changes since December 31, 2015.
- G.

Nature of control relationship – No significant changes since December 31, 2015.
- H.

Amounts deducted from the value of an upstream intermediate entity or ultimate parent owned, either directly or indirectly, via a downstream SCA entity – None
- I.

Investments in an SCA entity that exceed 10% of admitted assets – None
- J.

Write-downs for impaired investments in SCA entities – None
- K.

Investment in foreign subsidiary calculation – None
- L.

Investment in a downstream noninsurance holding company – None
11.

Debt

A.

Capital Notes – None

B.

Federal Home Loan Bank (FHLB) Agreements – None
12.

Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A.

Defined Benefit Plan – None

B.,C.

Postretirement Plan Assets – None

D.

Basis used to determine the overall expected long-term rate-of-return-on-assets assumption – None

E.

Defined Contribution Plans – None

F.

Multiemployer Plans - None

G.

Consolidated/Holding Company Plans – None

H.

Postemployment Benefits and Compensated Absences – None

I.

Impact of Medicare Modernization Act on Postretirement Benefits – None
13.

Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

A.

Common Capital stock outstanding – None

B.

Preferred stock – None

C.

Dividend restrictions – No significant changes since December 31, 2015.

D.

Dates and amounts of dividends paid – None

E.

Stockholder's portion of ordinary dividend from profits – None

F.

Restrictions placed on unassigned funds (surplus) – None

G.

The total amount of advances to surplus not repaid – None

H.

The amount of stock held by the Company for special purposes – None

I.

Changes in balances of special surplus funds from the prior year – On December 18, 2015, the Consolidated Appropriations Act of 2016 placed a moratorium on the Affordable Care Act (ACA) assessment, suspending collection of the health insurance fee for the 2017 calendar year (2016 data year). Thus, premiums written during 2016 are not subject to this assessment and segregation of special surplus is not required. As of September 30, 2016, the change in balance of special surplus funds from the prior year, due to the Subsequent Year ACA assessment, was \$4,080,480.

J.

The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses - None

K.

Surplus notes – None

L.

Impact of any restatement due to quasi-reorganization – None

M.

Effective dates of all quasi-reorganizations in the prior 10 years is/are – None
14.

Liabilities, Contingencies and Assessments

A.

Contingent Commitments – None

B.

Assessments – None

C.

Gain Contingencies – None

D.

Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits – None

E.

Joint and Several Liabilities – None

F.

All Other Contingencies – None
15.

Leases

A.

Lessee Operating Leases

(1)

Lease description – None

(2)

Minimum aggregate rental commitments – None

(3)

Sales leaseback transactions – None

B.

Lessor Leases

(1)

Operating Leases – None

(2)

Leveraged Leases – None
16.

Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk

A.

The face, contract or notional principle amount – None

B.

The nature and terms of the contract – None

C.

The amount of accounting loss the entity would incur if any party to the financial instrument failed completely to perform according to the term of the contract and the collateral or other security, if any, for the amount due proved to be of no value to the entity – None

D.

The Company's policy of requiring collateral or other security to support financial instruments subject to credit risk – None
17.

Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A.

Transfers of Receivables reported as Sales – None

B.

Transfer and Servicing of Financial Assets – None

C.

Wash Sales – None
18.

Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A.

ASO Plans – None

B.

ASC Plans – None

C.

Medicare or Other Similarly Structured Cost Based Reimbursement Contract – None
19.

Direct Premium Written/Produced by Managing General Agents/Third Party Administrators – None
20.

Fair Value Measurements

A.,B.

Fair value measurement at reporting date

(1)

Certain assets and liabilities of the Company are measured and reported: (a) at amortized cost, or (b) at values that approximate fair value due to their liquid or short-term nature.

(2)

Fair Value Measurements in (Level 3) of the Fair Value Hierarchy – None

(3)

Transfers in and/or out of Level 3 – None

(4)

Fair value measurements categorized within Level 2 and 3 – None

C.

The aggregate fair value of all financial instruments and the level within the fair value hierarchy – None

D.

Not Practicable to Estimate Fair Value – None
21.

Other Items

A.

Extraordinary Items – None

B.

Troubled Debt Restructuring: Debtors – None

C.

Other Disclosures and Unusual Items – None

D.

Business Interruption Insurance Recoveries – None

E.

State Transferable and Non-transferable Tax Credits – None

F.

Subprime-Mortgage-Related Risk Exposure – None

G.

Retained Assets – None
22.

Events Subsequent

Type 1 – Recognized subsequent event – None

Type 2 – Nonrecognized subsequent event – No significant change since December 31, 2015.
23.

Reinsurance

A.

Ceded Reinsurance Report – None

Section 1 – General Interrogatories: Not Applicable

Section 2 – Ceded Reinsurance Report – Part A: None

Section 3 – Ceded Reinsurance Report – Part B: None

B.

Uncollectible Reinsurance – None

C.

Commutation of Ceded Reinsurance – None

D.

Certified Reinsurer Rating Downgraded or Status Subject to Revocation

(1)

Reporting Entity Ceding to Certified Reinsurer Whose Rating Was Downgraded or Status Subject to Revocation – None

(2)

Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation – None

24.

Retrospectively Rated Contracts & Contracts Subject to Redetermination

A.

Accrued retrospective premium adjustments – None

B.

Accrued retrospective premium as an adjustment to earned premium – None

C.

The amount of net premium written that are subject to retrospective rating features – None

D.

Medical loss ratio rebates required pursuant to the Public Health Service Act – None

E.

Risk - Sharing Provisions of the ACA – None

25.

Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2015 were \$36,029,026 for incurred claims and claim adjustment expenses. As of September 30, 2016, \$29,023,977 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$569,696 as a result of the re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a favorable prior year development of \$6,435,353 during 2016 for the year ended December 31, 2015. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

26.

Intercompany Pooling Arrangements – None

27.

Structured Settlements – None

28.

Health Care Receivables

A.

Pharmaceutical Rebate Receivables – No significant change since December 31, 2015.

B.

Risk Sharing Receivables – No significant change since December 31, 2015.

29.

Participating Policies – None
- 10.1

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE BLUE CROSS COMPLETE OF MICHIGAN LLC

30. Premium Deficiency Reserves – None

31. Anticipated Salvage and Subrogation – None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES  
GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes ☐ No ☒
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes ☐ No ☐
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒
- 2.2

If yes, date of change:
- 3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes ☒ No ☐
- If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes ☐ No ☒
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒
- 4.2

If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes ☐ No ☒ NA ☐
- If yes, attach an explanation.
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2015
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2013
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

06/15/2015
- 6.4

By what department or departments?

Michigan Department of Insurance and Financial Services.
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☐ No ☐ NA ☒
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☐ No ☐ NA ☒
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes ☐ No ☒
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes ☐ No ☒
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

GENERAL INTERROGATORIES

9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? .....  
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
(c) Compliance with applicable governmental laws, rules and regulations;  
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
(e) Accountability for adherence to the code.

Yes [X] No [ ]

9.11

If the response to 9.1 is No, please explain:  
.....

9.2

Has the code of ethics for senior managers been amended? .....

Yes [ ] No [X]

9.21

If the response to 9.2 is Yes, provide information related to amendment(s).  
.....

9.3

Have any provisions of the code of ethics been waived for any of the specified officers? .....

Yes [ ] No [X]

9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).  
.....

FINANCIAL

10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?.....

Yes [ ] No [X]

10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:.....\$ .....

INVESTMENT

11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) .....

Yes [ ] No [X]

11.2

If yes, give full and complete information relating thereto:  
.....

12.

Amount of real estate and mortgages held in other invested assets in Schedule BA: .....\$ .....

13.

Amount of real estate and mortgages held in short-term investments: .....\$ .....

14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates? .....

Yes [ ] No [X]

14.2

If yes, please complete the following:

		1	2
		Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21	Bonds .....	\$ .....	\$ .....
14.22	Preferred Stock .....	\$ .....	\$ .....
14.23	Common Stock .....	\$ .....	\$ .....
14.24	Short-Term Investments .....	\$ .....	\$ .....
14.25	Mortgage Loans on Real Estate .....	\$ .....	\$ .....
14.26	All Other .....	\$ .....	\$ .....
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$ .....0	\$ .....0
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above .....	\$ .....	\$ .....

15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB? .....

Yes [ ] No [X]

15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? .....

Yes [ ] No [ ]

If no, attach a description with this statement.



GENERAL INTERROGATORIES

- 16 For the reporting entity’s security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$ .....
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$ .....
- 16.3 Total payable for securities lending reported on the liability page

\$ .....

17. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity’s offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? .....
- Yes ☒ No ☐

- 17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1	2
Name of Custodian(s)	Custodian Address
Bank of New York Mellon.....	4400 Computer Drive, Westborough, MA 01581.....

- 17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? .....
- Yes ☐ No ☒

- 17.4 If yes, give full and complete information relating thereto:

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason

- 17.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration Depository	Name(s)	Address

- 18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? .....
- Yes ☒ No ☐

- 18.2 If no, list exceptions:
- .....

GENERAL INTERROGATORIES  
PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent.....

84.2 %

1.2 A&H cost containment percent .....

1.2 %

1.3 A&H expense percent excluding cost containment expenses.....

12.1 %

2.1 Do you act as a custodian for health savings accounts?.....

Yes ☐ No ☒

2.2 If yes, please provide the amount of custodial funds held as of the reporting date.....

\$ .....

2.3 Do you act as an administrator for health savings accounts?.....

Yes ☐ No ☒

2.4 If yes, please provide the balance of the funds administered as of the reporting date.....

\$ .....

**STATEMENT AS OF SEPTEMBER 30, 2016 OF THE Blue Cross Complete of Michigan LLC**

## SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

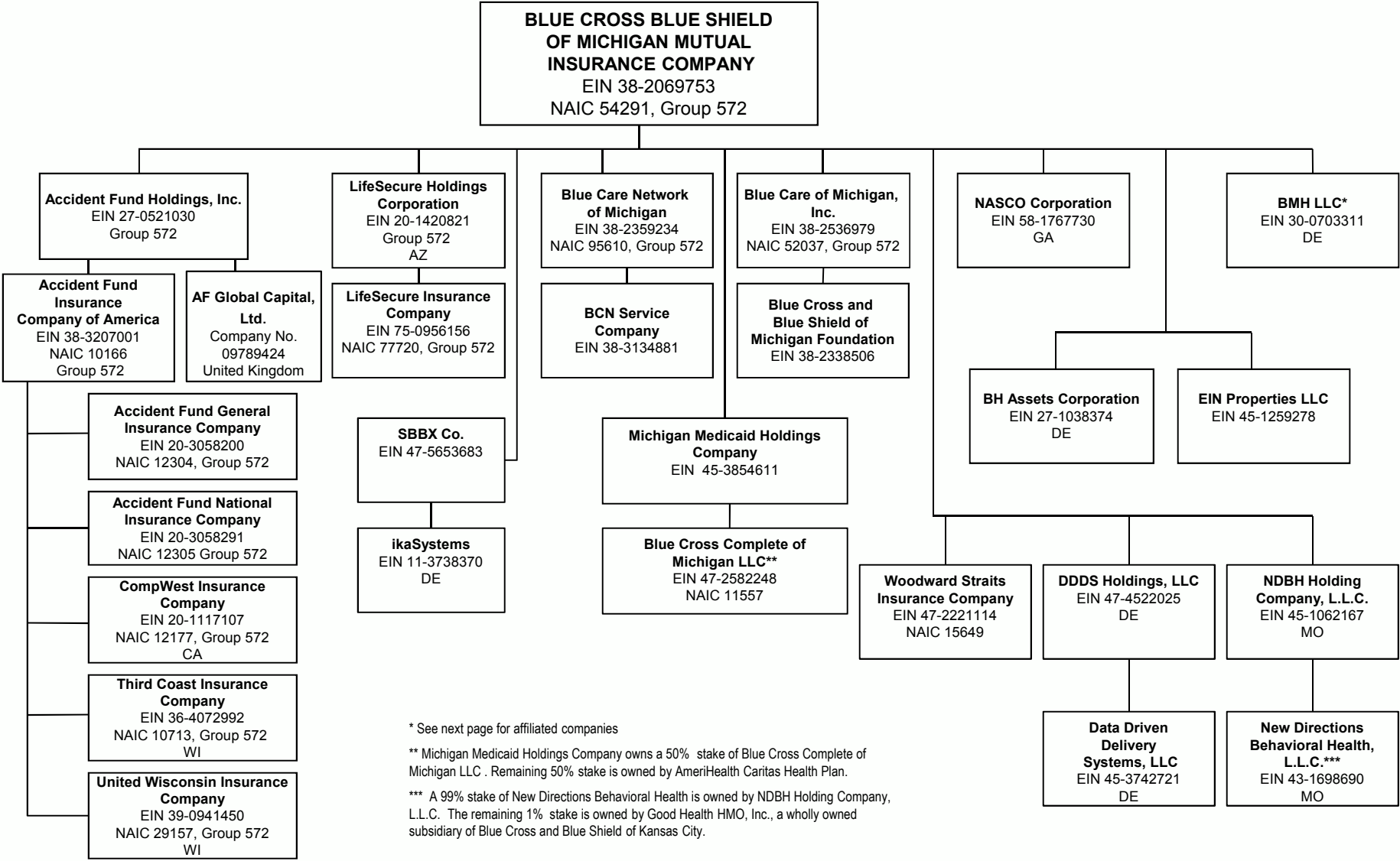
[illegible]

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories										
States, Etc.	1	Direct Business Only								
		2	3	4	5	6	7	8	9	
	Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts	
1. Alabama	AL	N						0		
2. Alaska	AK	N						0		
3. Arizona	AZ	N						0		
4. Arkansas	AR	N						0		
5. California	CA	N						0		
6. Colorado	CO	N						0		
7. Connecticut	CT	N						0		
8. Delaware	DE	N						0		
9. Dist. Columbia	DC	N						0		
10. Florida	FL	N						0		
11. Georgia	GA	N						0		
12. Hawaii	HI	N						0		
13. Idaho	ID	N						0		
14. Illinois	IL	N						0		
15. Indiana	IN	N						0		
16. Iowa	IA	N						0		
17. Kansas	KS	N						0		
18. Kentucky	KY	N						0		
19. Louisiana	LA	N						0		
20. Maine	ME	N						0		
21. Maryland	MD	N						0		
22. Massachusetts	MA	N						0		
23. Michigan	MI	L		516,541,539				516,541,539		
24. Minnesota	MN	N						0		
25. Mississippi	MS	N						0		
26. Missouri	MO	N						0		
27. Montana	MT	N						0		
28. Nebraska	NE	N						0		
29. Nevada	NV	N						0		
30. New Hampshire	NH	N						0		
31. New Jersey	NJ	N						0		
32. New Mexico	NM	N						0		
33. New York	NY	N						0		
34. North Carolina	NC	N						0		
35. North Dakota	ND	N						0		
36. Ohio	OH	N						0		
37. Oklahoma	OK	N						0		
38. Oregon	OR	N						0		
39. Pennsylvania	PA	N						0		
40. Rhode Island	RI	N						0		
41. South Carolina	SC	N						0		
42. South Dakota	SD	N						0		
43. Tennessee	TN	N						0		
44. Texas	TX	N						0		
45. Utah	UT	N						0		
46. Vermont	VT	N						0		
47. Virginia	VA	N						0		
48. Washington	WA	N						0		
49. West Virginia	WV	N						0		
50. Wisconsin	WI	N						0		
51. Wyoming	WY	N						0		
52. American Samoa	AS	N						0		
53. Guam	GU	N						0		
54. Puerto Rico	PR	N						0		
55. U.S. Virgin Islands	VI	N						0		
56. Northern Mariana Islands	MP	N						0		
57. Canada	CAN	N						0		
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	0	0	516,541,539	0	0	0	516,541,539	0	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0		
61. Total (Direct Business)	(a) 1	0	0	516,541,539	0	0	0	516,541,539	0	0
DETAILS OF WRITE-INS										
58001	XXX									
58002	XXX									
58003	XXX									
58998 Summary of remaining write-ins for Line 58 from overflow page.	XXX	0	0	0	0	0	0	0	0	0
58999 Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

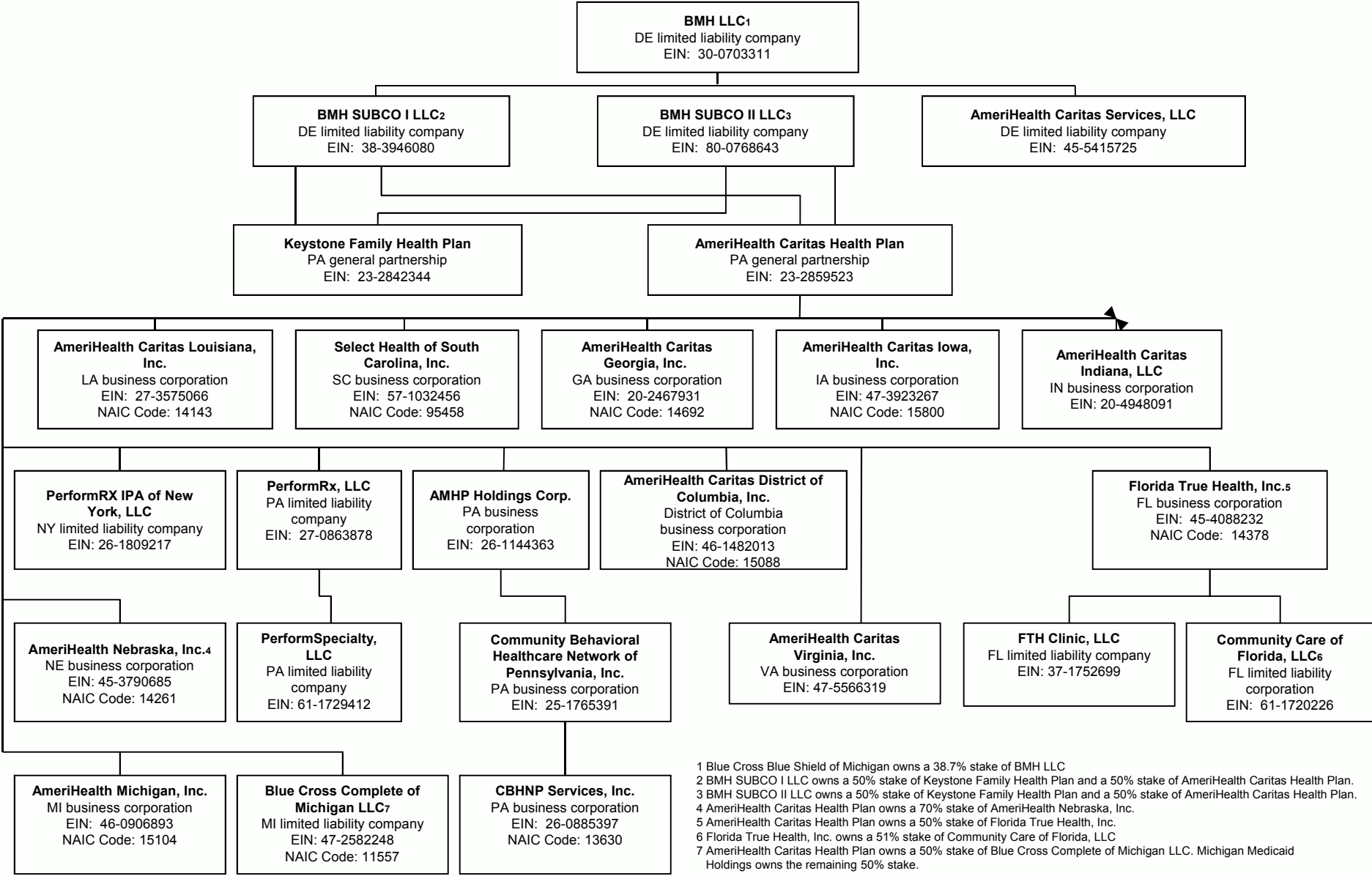
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.  
(a) Insert the number of L responses except for Canada and other Alien.

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE Blue Cross Complete of Michigan LLC  
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIIES OF INSURER OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATION CHART



All entities that do not reflect a particular state name or abbreviation are domiciled in Michigan.

**STATEMENT AS OF SEPTEMBER 30, 2016 OF THE Blue Cross Complete of Michigan LLC**  
**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER OF A HOLDING COMPANY GROUP**  
**PART 1 – ORGANIZATION CHART**



All entities that do not reflect a particular state name or abbreviation are domiciled in Michigan.

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00572	BC/BS of Michigan Mutual Insurance Co	54291	38-2069753				Blue Cross Blue Shield of Michigan Mutual Insurance Company	MI	RE	State of Michigan	Legal			0
00572	BC/BS of Michigan Mutual Insurance Co	00000	27-0521030				Accident Fund Holdings, Inc	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	0
00572	BC/BS of Michigan Mutual Insurance Co	00000	00-9789424				AF Global Capital, Ltd	GBR	DS	Accident Fund Holdings, Inc	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	0
00572	BC/BS of Michigan Mutual Insurance Co	10166	38-3207001				Accident Fund Insurance Company of America	MI	DS	Accident Fund Holdings, Inc	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	0
00572	BC/BS of Michigan Mutual Insurance Co	29157	39-0941450				United Wisconsin Insurance Company	WI	DS	Accident Fund Insurance Company of America	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	0
00572	BC/BS of Michigan Mutual Insurance Co	12304	20-3058200				Accident Fund General Insurance Company	MI	DS	Accident Fund Insurance Company of America	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	0
00572	BC/BS of Michigan Mutual Insurance Co	12305	20-3058291				Accident Fund National Insurance Company	MI	DS	Accident Fund Insurance Company of America	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	0
00572	BC/BS of Michigan Mutual Insurance Co	10713	36-4072992				Third Coast Insurance Company	WI	DS	Accident Fund Insurance Company of America	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	0
00572	BC/BS of Michigan Mutual Insurance Co	12177	20-1117107				CompWest Insurance Co	CA	DS	Accident Fund Insurance Company of America	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	0

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00572	BC/BS of Michigan Mutual Insurance Co	00000	20-1420821				LifeSecure Holdings Corporation	AZ	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	0
00572	BC/BS of Michigan Mutual Insurance Co	77720	75-0956156				LifeSecure Insurance Company	MI	DS	LifeSecure Holdings Corporation	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	0
00572	BC/BS of Michigan Mutual Insurance Co	95610	38-2359234				Blue Care Network of Michigan	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	0
00572	BC/BS of Michigan Mutual Insurance Co	00000	45-3854611				Michigan Medicaid Holdings Company	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	0
00572	BC/BS of Michigan Mutual Insurance Co	11557	47-2582248				Blue Cross Complete of Michigan LLC	MI	DS	Michigan Medicaid Holdings Company	Ownership	50.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	0
00572	BC/BS of Michigan Mutual Insurance Co	00000	38-3134881				BCN Service Company	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	0
00572	BC/BS of Michigan Mutual Insurance Co	52037	38-2536979				Blue Care of Michigan, Inc	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	0
00572	BC/BS of Michigan Mutual Insurance Co	00000	38-2338506				Blue Cross and Blue Shield of Michigan Foundation	MI	DS	Blue Care of Michigan, Inc	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	0
00572	BC/BS of Michigan Mutual Insurance Co	15649	47-2221114				Woodward Straits Insurance Company	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	0



SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00000		00000	47-5653683				SBBX Co.	MI	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	0
00000		00000	11-3738370				ikaSystems	DE	NIA	SBBX Co.	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	0
00000		00000	58-1767730				NASCO Corporation	GA	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	19.5	Blue Cross Blue Shield of Michigan Mutual Insurance Company	0
00000		00000	27-1038374				BH Assets Corporation	DE	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	28.7	Blue Cross Blue Shield of Michigan Mutual Insurance Company	0
00000		00000	45-1259278				EIN Properties LLC	MI	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	40.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	0
00000		00000	47-4522025				Data Driven Delivery Systems, Holdings, LLC	DE	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	70.1	Blue Cross Blue Shield of Michigan Mutual Insurance Company	0
00000		00000	45-3742721				Data Driven Delivery Systems, LLC	DE	NIA	Data Driven Delivery Systems, Holdings, LLC	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	0
00000		00000	45-1062167				NDBH Holding Company, LLC	MO	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	10.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	0
00000		00000	43-1698690				New Directions Behavioral Health, LLC	MO	NIA	NDBH Holding Company, LLC	Ownership	99.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	0
00000		00000	30-0703311				BMH LLC	DE	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	38.7	BCBSM and IBC MH LLC	0

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00000.....		00000.....	38-3946080.....				BMH SUBCO I LLC.....	DE.....	NIA.....	BMH LLC.....	Ownership.....	38.7.....	BCBSM and IBC MH LLC.....	0.....
00000.....		00000.....	80-0768643.....				BMH SUBCO II LLC.....	DE.....	NIA.....	BMH LLC.....	Ownership.....	38.7.....	BCBSM and IBC MH LLC.....	0.....
00000.....		00000.....	45-5415725.....				AmeriHealth Caritas Services, LLC.....	DE.....	NIA.....	BMH LLC.....	Ownership.....	38.7.....	BCBSM and IBC MH LLC.....	0.....
00000.....		00000.....	23-2859523.....				AmeriHealth Caritas Health Plan.....	PA.....	NIA.....	BMH SUBCO I LLC.....	Ownership.....	19.4.....	BCBSM and IBC MH LLC.....	0.....
00000.....		00000.....	23-2859523.....				AmeriHealth Caritas Health Plan.....	PA.....	NIA.....	BMH SUBCO II LLC.....	Ownership.....	19.4.....	BCBSM and IBC MH LLC.....	0.....
00000.....		14143.....	27-3575066.....				AmeriHealth Caritas Louisiana, Inc.....	LA.....	IA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	38.7.....	BCBSM and IBC MH LLC.....	0.....
00000.....		95458.....	57-1032456.....				Select Health of South Carolina, Inc.....	SC.....	IA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	38.7.....	BCBSM and IBC MH LLC.....	0.....
00000.....		14692.....	20-2467931.....				AmeriHealth Caritas Georgia, Inc.....	GA.....	IA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	38.7.....	BCBSM and IBC MH LLC.....	0.....
00000.....		00000.....	20-4948091.....				AmeriHealth Caritas Indiana, LLC.....	IN.....	NIA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	38.7.....	BCBSM and IBC MH LLC.....	0.....
00000.....		15800.....	47-3923267.....				AmeriHealth Caritas Iowa, Inc.....	IA.....	IA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	38.7.....	BCBSM and IBC MH LLC.....	0.....
00000.....		00000.....	26-1809217.....				Perform RX IPA of New York, LLC.....	NY.....	NIA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	38.7.....	BCBSM and IBC MH LLC.....	0.....
00000.....		00000.....	26-1144363.....				AMHP Holdings Corp.....	PA.....	NIA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	38.7.....	BCBSM and IBC MH LLC.....	0.....
00000.....		00000.....	25-1765391.....				Community Behavioral Healthcare Network of Pennsylvania, Inc.....	PA.....	NIA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	38.7.....	BCBSM and IBC MH LLC.....	0.....
00000.....		13630.....	26-0885397.....				CBHNP Services, Inc.....	PA.....	IA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	38.7.....	BCBSM and IBC MH LLC.....	0.....
00000.....		14378.....	45-4088232.....				Florida True Health, Inc.....	FL.....	IA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	19.4.....	BCBSM and IBC MH LLC.....	0.....
00000.....		00000.....	47-5566319.....				AmeriHealth Caritas Virginia, Inc.....	VA.....	IA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	38.7.....	BCBSM and IBC MH LLC.....	0.....
00000.....		00000.....	37-1752699.....				FTH Clinic, LLC.....	FL.....	NIA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	38.7.....	BCBSM and IBC MH LLC.....	0.....
00000.....		00000.....	61-1720226.....				Community Care of Florida, LLC.....	FL.....	NIA.....	Florida True Health, Inc.....	Ownership.....	9.9.....	BCBSM and IBC MH LLC.....	0.....
00000.....		15088.....	46-1482013.....				AmeriHealth District of Columbia, Inc.....	DC.....	IA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	38.7.....	BCBSM and IBC MH LLC.....	0.....
00000.....		15104.....	46-0906893.....				AmeriHealth Michigan, Inc.....	MI.....	IA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	38.7.....	BCBSM and IBC MH LLC.....	0.....
00000.....		14261.....	45-3790685.....				AmeriHealth Nebraska, Inc.....	NE.....	IA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	27.1.....	BCBSM and IBC MH LLC.....	0.....
00000.....		00000.....	27-0863878.....				PerformRx, LLC.....	PA.....	NIA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	38.7.....	BCBSM and IBC MH LLC.....	0.....
00000.....		00000.....	61-1729412.....				PerformSpecialty, LLC.....	PA.....	NIA.....	PerformRx, LLC.....	Ownership.....	38.7.....	BCBSM and IBC MH LLC.....	0.....
00000.....		00000.....	23-2842344.....				Keystone Family Health Plan.....	PA.....	NIA.....	BMH SUBCO I LLC.....	Ownership.....	19.4.....	BCBSM and IBC MH LLC.....	0.....

**SCHEDULE Y**  
**PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

Asterisk	Explanation

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

RESPONSE

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

.....NO.....

Explanation:

1.

Bar Code:

1.



1 1 5 5 7 2 0 1 6 3 6 5 0 0 0 0 3

OVERFLOW PAGE FOR WRITE-INS

MQ004 Additional Aggregate Lines for Page 04 Line 14.  
\*REVEX1

	1 Current Year To Date Uncovered	2 Current Year To Date Total	3 Prior Year To Date Total	4 Prior Year Ended December 31 Total
1404. Consumer Incentives.....		245,762	0	346,463
1405. ....				
1406. ....				
1407. ....				
1497. Summary of remaining write-ins for Line 14 from Page 04	0	245,762	0	346,463

SCHEDULE A – VERIFICATION

Real Estate

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....		0
3. Current year change in encumbrances .....		0
4. Total gain (loss) on disposals .....		0
5. Deduct amounts received on disposals .....		0
6. Total foreign exchange change in book/adjusted carrying value .....		0
7. Deduct current year's other-than-temporary impairment recognized .....		0
8. Deduct current year's depreciation .....		0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....	0	0
10. Deduct total nonadmitted amounts .....	0	0
11. Statement value at end of current period (Line 9 minus Line 10) .....	0	0

SCHEDULE B – VERIFICATION

Mortgage Loans

	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....		0
3. Capitalized deferred interest and other .....		0
4. Accrual of discount .....		0
5. Unrealized valuation increase (decrease) .....		0
6. Total gain (loss) on disposals .....		0
7. Deduct amounts received on disposals .....		0
8. Deduct amortization of premium and mortgage interest points and commitment fees .....		0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....		0
10. Deduct current year's other-than-temporary impairment recognized .....		0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	0	0
12. Total valuation allowance .....		0
13. Subtotal (Line 11 plus Line 12) .....	0	0
14. Deduct total nonadmitted amounts .....	0	0
15. Statement value at end of current period (Line 13 minus Line 14) .....	0	0

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	0	738,051
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....		0
3. Capitalized deferred interest and other .....		0
4. Accrual of discount .....		0
5. Unrealized valuation increase (decrease) .....		61,627
6. Total gain (loss) on disposals .....		0
7. Deduct amounts received on disposals .....		799,678
8. Deduct amortization of premium and depreciation .....		0
9. Total foreign exchange change in book/adjusted carrying value .....		0
10. Deduct current year's other-than-temporary impairment recognized .....		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	0	0
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12) .....	0	0

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	0	24,526,763
2. Cost of bonds and stocks acquired .....		0
3. Accrual of discount .....		1,121
4. Unrealized valuation increase (decrease) .....		0
5. Total gain (loss) on disposals .....		250,704
6. Deduct consideration for bonds and stocks disposed of .....		24,640,917
7. Deduct amortization of premium .....		137,671
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other-than-temporary impairment recognized .....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	0	0
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11) .....	0	0

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE Blue Cross Complete of Michigan LLC

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a).....	3,000,193	1,919			1,000,000	3,000,193	3,002,112	2,488,117
2. NAIC 2 (a).....	.0				.0	.0	.0	.0
3. NAIC 3 (a).....	.0				.0	.0	.0	.0
4. NAIC 4 (a).....	.0				.0	.0	.0	.0
5. NAIC 5 (a).....	.0				.0	.0	.0	.0
6. NAIC 6 (a).....	0				0	0	0	0
7. Total Bonds	3,000,193	1,919	0	0	1,000,000	3,000,193	3,002,112	2,488,117
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....	.0				.0	.0	.0	.0
9. NAIC 2 .....	.0				.0	.0	.0	.0
10. NAIC 3 .....	.0				.0	.0	.0	.0
11. NAIC 4 .....	.0				.0	.0	.0	.0
12. NAIC 5 .....	.0				.0	.0	.0	.0
13. NAIC 6 .....	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	3,000,193	1,919	0	0	1,000,000	3,000,193	3,002,112	2,488,117

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ ..... ; NAIC 2 \$ ..... ;  
NAIC 3 \$ ..... ; NAIC 4 \$ ..... ; NAIC 5 \$ ..... ; NAIC 6 \$ .....

SCHEDULE DA - PART 1  
Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	3,002,112	xxx	3,002,112	3,431	0

SCHEDULE DA - VERIFICATION  
Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	2,488,117	55,655,243
2. Cost of short-term investments acquired .....	2,002,112	228,768,133
3. Accrual of discount .....		0
4. Unrealized valuation increase (decrease).....		0
5. Total gain (loss) on disposals .....		981
6. Deduct consideration received on disposals .....	1,488,117	281,784,343
7. Deduct amortization of premium.....		151,897
8. Total foreign exchange change in book/adjusted carrying value.....		0
9. Deduct current year's other-than-temporary impairment recognized.....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	3,002,112	2,488,117
11. Deduct total nonadmitted amounts.....		0
12. Statement value at end of current period (Line 10 minus Line 11)	3,002,112	2,488,117



Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

SCHEDULE E - VERIFICATION  
(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	2,505,923
2. Cost of cash equivalents acquired .....		39,745,038
3. Accrual of discount .....		11,714
4. Unrealized valuation increase (decrease) .....		0
5. Total gain (loss) on disposals.....		0
6. Deduct consideration received on disposals .....		42,254,000
7. Deduct amortization of premium .....		8,675
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other than temporary impairment recognized .....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	0	0
11. Deduct total nonadmitted amounts .....		0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

Schedule D - Part 3

NONE

Schedule D - Part 4

NONE

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE



SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter							
1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
NONE							
8699999 Total Cash Equivalents					0	0	0